

ORAL SANITATION, EXAMINATION AND HYGIENE.

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(Read before the School of Instruction for Dental Officers, at Fort Bliss, Feb. 2, 1917.)

EXAMINATION: First, obtain a brief history from the patient, which is generally to comply with their request to examine a special tooth or a diseased condition of which the patient is aware. Care should be taken as to the approach of a new patient, especially at the first setting, as first impressions are then formed, which are often lasting, and if the stranger is approached in a careless manner he may get ideas of undue roughness, personal untidiness, and dirty equipment; many times unfounded, yet never the less lasting with the nervous type of patients. The patient at each setting should have evidence that the operator's hands had been washed, and that he shows regards for the simpler forms of cleanliness. Towels and linen on the chair should be inviting and unsoiled. If the operator after washing his hands will dip them in cold water and leave them a little moist, the patient will derive a pleasant sensation.

When these important factors have been attended to, it is then necessary to be able to recognize pathologic conditions, and make a correct diagnosis. This means that the operator must possess a broad knowledge of general pathology, and a special knowledge of dental or oral pathology. To know the drug or remedy, if properly applied or administered will reach the recognized pathologic condition, and act the most favorable. This means that one must

also possess a knowledge of pharmacology, and therapeutics. To have on hand or know when needed the drug, remedy, or the technic of the operation required to assist nature in correcting and restoring as near to normal as possible, pathologic conditions in the oral cavity. A drug or remedy or mode of treatment of certain conditions, that has proven by experience, satisfactory, is the one to use. The etiology if possible be recognized for in most cases if not all, remove the cause and nature will do the rest. A thoro knowledge of the anatomy of the part and adjacent parts affected is very essential. One must possess a knowledge of osteology, muscles of expression, mastication, relation of the part to vessels and nerves, and to know from whence it derives its supply of both. The action of the muscles. The articulations of the various bones of the head and face, and the way they are attached or joined to one another. The relation of the oral cavity to the nasal cavity, nasopharynx, oropharynx, and secretory structures.

The next procedure is to take a general survey of the mouth before advising the patient as to the future procedures. The operator should note at a glance; the care that is being bestowed upon the teeth and mouth in a prophylactic way, also the health of the soft tissues and the number of extracted teeth. He should also note the presence of dentures, crowns, or bridges, and the amount of

work previously done, noting its quality and probable age, as well as the number of badly decayed teeth yet unfilled. He should note the general health of the patient, probable age and habits. All this can be done at a glance. Then the operator will be much better qualified to advise the patient as to what is best to do in that special case.

If the patient is in pain its alleviation is of first importance, and should receive immediate attention. It may require the application of medical remedies, or some mechanical procedure, or even the extraction of a tooth, but whatever it is, it must be done at once, as the patient is in no mood to receive sage advice about the future when he is at present in pain. Relieve the pain and then preach to him.

The order in which you receive your patients, referring to army practice: First instruct your assistant to ascertain if any one waiting is in pain, and see to it yourself that he complies with your order. Always give such patients immediate attention. If you are busy and such patient presents himself, give the one you are working on a little recess, and attend to the one in pain, no matter who it may be.

Early in the examination setting the patient should be advised of the necessity of a prophylactic treatment, provided the teeth are not already in a cleanly condition, which is seldom the case. Salivary deposits should be removed in order that every part may be open to inspection. This is second only to the relief of pain, and it is manifestly the duty of the dentist to attend to prophylaxis before proceeding to the making of fillings any further and complete examination, which is the finding or locating of the smaller, proximal, cervical, pit and fissure cavities.

Instrumentation: The instruments needed are a clear, uninjured mouth mirror, sharp exploring instruments of various shapes, cotton pliers, absorbent

cotton, waxed silk floss, chip blower, and occasionally mechanical separators. The last in my own opinion should only be used when absolutely necessary. The light of the operating room should be the best that nature can furnish, unless necessary to use artificial light. In locating caries the position of which is most likely to be found in the fissures and sulci, and upon the approximal surfaces, the latter being very difficult sometimes to locate; at the same time quite an extensive cavity exists. The explorer, after excluding moisture from the region, is introduced into the interproximal space with the point toward the occlusal surface and passed back and forth; in this manner the entire surface may be examined, except the contact point. The contact point may be examined by waxed silk floss, passed back and forth between the points of contact. If caries exists the floss will catch on the rough margins and will be torn.

The examination should be conducted systematically, using some order. In this way your examination will be complete. If the examination is haphazard some affected part is likely to be overlooked.

Oral sanitation and hygiene,—cleanliness of the mouth is of the greatest importance if the vitality of the teeth is to be prolonged, and if the various constitutional conditions which are undoubtedly traceable to the mouth are to be avoided. This subject presents itself under several heads; first mouth lesions traceable to constitutional diseases, and second, constitutional or systemic pathological changes dependent upon lesions within the oral cavity. Under the first head are found the various ulcerative conditions, to be considered under the head of stomatitis, also bleeding gums which are associated with soft and flabby gums. Users of tobacco and alcohol and people who are careless about using a tooth brush regularly are liable to have mouth lesions. Pyorrhea and other ul-

cerative conditions are frequently found in individuals who have syphilis as an underlying factor or who have a tubercular lesion in some other part of the body. In all cases where any variety of ulceration is found such as pyorrhea, etc. Bacterial culture is carried on more rapidly, and constitutional infection necessarily results, where the vitality is reduced.

Many cases of infection following dental operations are due to self infection. The open wound left by the extraction of a tooth furnishes a convenient point of entrance for bacteria. Death from septic causes is not uncommon, following operations in the mouth. One of the more common and most important effects of carious teeth are the enlargement of the cervical lymphatic glands, and tonsilar enlargements, may be due to the same cause. Ludwigs angina, characterized by diffuse cellulitis of the region between the lower jaw and the hyoid bone, is in some cases due to infections from a carious tooth. The bacteria of the mouth may also produce remote infections, such as malignant endocarditis, osteomyelitis. The mouth may be the means of transmission of syphilitic virus by means of the saliva and instruments employed in the mouths

of syphilitics. It therefore behooves us as army dental surgeons to use the utmost care of instruments, and for our own protection after handling such cases; as the percentage affected with this disease is somewhat higher in the army.

A large proportion of malignant diseases of the mucous membrane, and maxillary bones are caused by neglected teeth. Sharp projections of enamel irritate or abraid the mucous membrane every time the tongue or mandible is moved, and the constant irritation furnishes a field for absorption, or is the cause of cell proliferation and an epithelioma results.

In this paper I have not tried to cover the technic of producing the hygienic condition in the mouth. Taking it for granted that you are more or less familiar with that procedure, but have touched more on the effects that an unhygienic mouth will produce.

In conclusion, let me emphasize the importance of thoro instructions, actual demonstrations if necessary to the patient as to how they can best keep their mouth in a good and healthy condition. Impress them with the golden rule of dentistry which is, "Clean teeth will not decay, or will reduce caries to a minimum."
